

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF NEW YORK

In re: Jeffrey T Okerman

Case No. 14-11739

Chapter 13

Debtor(s).

LOSS MITIGATION STATUS REPORT

This Loss Mitigation Status Report is submitted pursuant to the court's Loss Mitigation Program Procedures.

PART I — GENERAL INFORMATION

a. Full description of the Property:

214 Marpe Rd, Johnsonville, NY 12094

b. Name and address of Creditor:

Shellpoint Mortgage Servicing
15 S. Main Street
Suite 600
Greenville SC 29601

Name, address, and telephone number of Creditor's attorney:

Scott A. Sydelnik, Esq.
Davidson Fink LLP
28 East Main Street
Suite 1700
Rochester, New York 14614
(585) 760-2348

Has Creditor filed a proof of claim?

☒ Yes ☐ No

c. Name and address of Additional Creditor:

Name, address, and telephone number of Additional Creditor's attorney:

Has Additional Creditor filed a proof of claim?

☐ Yes ☐ No

PART II — LOSS MITIGATION PROGRAM

- a. On May 11, 20 15, a Loss Mitigation Request was filed by:
- ☒ Debtor(s). ☐ Other party: _____.
- ☐ Creditor. ☐ The court raised the possibility of Loss Mitigation.
- b. Loss Mitigation Order:
- ☒ A Loss Mitigation Order was entered on June 2, 20 15.
- ☒ The Loss Mitigation Order was served on June 2, 20 15.
- c. At this time, the Debtor(s) is/are:
- ☐ making on-going post-petition monthly mortgage payments in the amount of \$ _____.
☒ not making on-going post-petition monthly mortgage payments.
- d. If the underlying bankruptcy case is one filed under chapter 12 or 13, has a plan been confirmed?
☒ Yes ☐ No
- e. Creditor served a Request for Information and Documents on October 5, 20 15.
Debtor(s) served a Response to the Creditor's Request on October 8, 20 15.
- ☐ All Information and Documents have been produced.
☒ The following Information and Documents are still outstanding:
The paystubs, National Grid bill, letter of explanation regarding there isn't a
Homeowner's Association and 4506T are all illegible and other documents are expired.
- f. Additional Creditor served a Request for Information and Documents on _____, 20 ____.
Debtor(s) served a Response to the Additional Creditor's Request on _____, 20 ____.
- ☐ All Information and Documents have been produced.
☐ The following Information and Documents are still outstanding:

_____.
- g. Debtor(s) served a Request for Information and Documents on _____, 20 ____.
Creditor served a Response to the Debtor(s)' Request on _____, 20 ____.
Additional Creditor served a Response to the Debtor(s)' Request on _____, 20 ____.
- ☐ All Information and Documents have been produced.
☐ The following Information and Documents are still outstanding:

_____.

h. The Loss Mitigation Parties have participated in 5 Loss Mitigation Session(s) and:

- ☐ A resolution has been reached.
☒ A resolution has not been reached because:

Shellpoint is requesting a new package to be submitted

i. Prior Loss Mitigation Status Report (if applicable):

A Prior Loss Mitigation Status Report was submitted on October 13, 2015.

A Prior Loss Mitigation Status Report was submitted on September 21, 2015.

A Prior Loss Mitigation Status Report was submitted on August 27, 2015.

j. The Loss Mitigation Period is scheduled to terminate on _____, 20____.

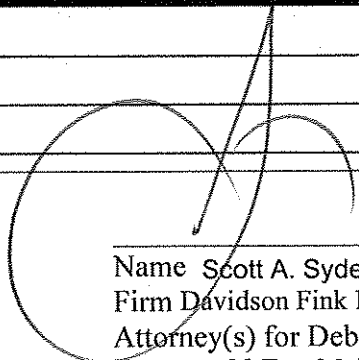
k. Additional information relevant to the Loss Mitigation Parties reaching a final resolution:

This loan was transferred from CitiMortgage, Inc. to Shellpoint Mortgage Servicing on
November 13, 2015. The loan was booked in Shellpoint Mortgage Servicing's system in
December 2015. The documents that were submitted to CitiMortgage, Inc. were reviewed and
as the The paystubs, National Grid bill, letter of explanation regarding there isn't a
Homeowner's Association and 4506T are all illegible, and the other documents submitted

are expired Shellpoint Mortgage Servicing is requesting a new document submission

PART III — OTHER MORTGAGES/LIENS AGAINST THE PROPERTY

Dated: 12/18/15


Name Scott A. Sydelnik, Esq.
Firm Davidson Fink LLP
Attorney(s) for Debtor(s)/Creditor
Address 28 East Main St. Suite 1700, Rochester NY
Telephone Number 585-760-2348
Email Address ssydelnik@davidsonfink.com
N.D.N.Y. Bar Roll Identification No. 514635

Form **4506-T**
(Rev. September 2013)
Department of the Treasury
Internal Revenue Service

Request for Transcript of Tax Return

▶ Request may be rejected if the form is incomplete or illegible.

OMB No. 1545-1872

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Return or Account Transcript" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)

4 Previous address shown on the last return filed if different from line 3 (see instructions)

5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.

Shellpoint Mortgage Servicing, C/O CoreLogic, 4 First American Way, Santa Ana, CA 92707, Participant# 300429, Mailbox ID: CoreLogic

Caution. If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6 **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶

a **Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days ☐

b **Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days ☐

c **Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days ☐

7 **Verification of Nonfiling**, which is proof from the IRS that you did not file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days ☐

8 **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days ☐

Caution. If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

Check this box if you have notified the IRS or the IRS has notified you that one of the years for which you are requesting a transcript involved **identity theft** on your federal tax return ☐

Caution. Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

Sign Here	Signature (see instructions)	Date	Phone number of taxpayer on line 1a or 2a
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	Spouse's signature	Date	

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506-T and its instructions, go to www.irs.gov/form4506t. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

General Instructions

CAUTION. Do not sign this form unless all applicable lines have been completed.

Purpose of form. Use Form 4506-T to request tax return information. You can also designate (on line 5) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note. If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Return or Account Transcript" or call 1-800-908-9946.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:

Mail or fax to:

Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address

Internal Revenue Service
RAIVS Team
Stop 6716 AUSC
Austin, TX 73301

512-460-2272

Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming

Internal Revenue Service
RAIVS Team
Stop 37106
Fresno, CA 93888

559-456-5876

Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia

Internal Revenue Service
RAIVS Team
Stop 6705 P-6
Kansas City, MO 64999

816-292-6102

Chart for all other transcripts

If you lived in or your business was in:

Mail or fax to:

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address

Internal Revenue Service
RAIVS Team
P.O. Box 9941
Mail Stop 6734
Ogden, UT 84409

801-620-6922

Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin

Internal Revenue Service
RAIVS Team
P.O. Box 145500
Stop 2800 F
Cincinnati, OH 45250

859-669-3592

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P.O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note. If the address on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party—Business.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

Privacy Act and Paperwork Reduction Act Notice.

We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form, 10 min.; Preparing the form, 12 min.; and Copying, assembling, and sending the form to the IRS, 20 min.**

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.

UNIFORM BORROWER ASSISTANCE FORM

If you are experiencing a temporary or long-term hardship and need help, you must complete and submit this form along with other required documentation to be considered for available solutions. On this page, you must disclose information about (1) you and your intentions to either keep or transition out of your home; (2) the property's status; (3) bankruptcy; and (4) your credit counseling agency.

On Page 2, you must disclose information about all of your income, expenses and assets. Page 2 also lists the required income documentation that you must submit in support of your request for assistance. Then on Page 3, you must complete the Hardship Affidavit in which you disclose the nature of your hardship. The Hardship Affidavit informs you of the required documentation that you must submit in support of your hardship claim.

NOTICE: In addition, when you sign and date this form, you will make important certifications, representations and agreements, including certifying that all of the information in this Borrower Assistance Form is accurate and truthful and any identified hardship has contributed to your submission of this request for mortgage relief.

REMINDER: The Borrower Response Package you need to return consists of: (1) this completed, signed and dated Borrower Assistance Form; (2) completed and signed IRS Form 4506T-EZ (4506T for self-employed borrowers or borrowers with rental income); (3) required income documentation; and (4) required hardship documentation.

Loan Number _____ (usually found on your monthly mortgage statement)
Servicer's Name _____

I want to: ☐ Keep the Property ☐ Vacate the Property ☐ Sell the Property ☐ Undecided

The property is currently: ☐ My Primary Residence ☐ A Second Home ☐ An Investment Property

The property is currently: ☐ Owner Occupied ☐ Renter Occupied ☐ Vacant

BORROWER		CO-BORROWER	
BORROWER'S NAME		CO-BORROWER'S NAME	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE OF BIRTH
HOME PHONE NUMBER WITH AREA CODE		HOME PHONE NUMBER WITH AREA CODE	
CELL OR WORK NUMBER WITH AREA CODE		CELL OR WORK NUMBER WITH AREA CODE	

MAILING ADDRESS _____

PROPERTY ADDRESS (IF SAME AS MAILING ADDRESS, JUST WRITE SAME) _____ EMAIL ADDRESS _____

<p>Is the property listed for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what was the listing date? _____</p> <p>If property has been listed for sale, have you received an offer on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date of offer: _____ Amount of Offer: \$ _____</p> <p>Agent's Name: _____</p> <p>Agent's Phone Number: _____</p> <p>For Sale by Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Have you contacted a credit counseling agency for help? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please complete the counselor contact information below:</p> <p>Counselor's Name: _____</p> <p>Agency's Name: _____</p> <p>Counselor's Phone Number: _____</p> <p>Counselor's Email Address: _____</p>
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Do you have condominium or homeowner association (HOA) fees? ☐ Yes ☐ No

Total monthly amount: \$ _____ Name and address that fees are paid to: _____

Have you filed for bankruptcy? ☐ Yes ☐ No If yes: ☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13

If yes, what is the filing Date: _____ Has your bankruptcy been discharged? ☐ Yes ☐ No Bankruptcy case number: _____

Is any Borrower an active duty service member? ☐ Yes ☐ No

Has any Borrower been deployed away from his/her primary residence or received a Permanent Change of Station order? ☐ Yes ☐ No

Is any Borrower the surviving spouse of a deceased service member who was on active duty at the time of death? ☐ Yes ☐ No

UNIFORM BORROWER ASSISTANCE FORM					
Monthly Household Income		Monthly Household Expenses and Debt Payments		Household Assets (associated with the property and/or borrower(s) excluding retirement funds)	
Gross wages	\$	First Mortgage Payment	\$	Checking Account(s)	\$
Overtime	\$	Second Mortgage Payment	\$	Checking Account(s)	\$
Child Support / Alimony*	\$	Homeowner's Insurance	\$	Savings / Money Market	\$
Non-taxable social security/SSDI	\$	Property Taxes	\$	CDs	\$
Taxable SS benefits or other monthly income from annuities or retirement plans	\$	Credit Cards / Installment Loan(s) (total minimum payment per month)	\$	Stocks / Bonds	\$
Tips, commissions, bonus and self-employed income	\$	Alimony, child support payments	\$	Other Cash on Hand	\$
Rents Received	\$	Car Lease Payments	\$	Other Real Estate (estimated value)	\$
Unemployment Income	\$	HOA/Condo Fees/Property Maintenance	\$	Other	\$
Food Stamps/Welfare	\$	Mortgage Payments on other properties	\$		\$
Other	\$	Other	\$		\$
Total (Gross income)	\$	Total Household Expenses and Debt Payments	\$	Total Assets	\$
Any other liens (mortgage liens, mechanics liens, tax liens, etc.)					
Lien Holder's Name	Balance and Interest Rate	Loan Number	Lien Holder's Phone Number		
Required Income Documentation					
<input type="checkbox"/> Do you earn a salary or hourly wage? For each borrower who is a salaried employee or paid by the hour, include paystub(s) reflecting the most recent 30 days' earnings and documentation reflecting year-to-date earnings, if not reported on the paystubs (e.g. signed letter or printout from employer).			<input type="checkbox"/> Are you self-employed? For each borrower who receives self-employed income, include a complete, signed individual federal income tax return and, as applicable, the business tax return; AND either the most recent signed and dated quarterly or year-to-date profit/loss statement that reflects activity for the most recent three months; OR copies of bank statements for the business account for the last two months evidencing continuation of business activity.		
<input type="checkbox"/> Do you have any additional sources of income? Provide for each borrower as applicable: "Other Earned Income" such as bonuses, commissions, housing allowance, tips, or overtime: <input type="checkbox"/> Reliable third-party documentation describing the amount and nature of the income (e.g., paystub, employment contract or printouts documenting tip income). Social Security, disability or death benefits, pension, public assistance, or adoption assistance: <input type="checkbox"/> Documentation showing the amount and frequency of the benefits, such as letters, exhibits, disability policy or benefits statement from the provider, and <input type="checkbox"/> Documentation showing the receipt of payment, such as copies of the two most recent bank statements showing deposit amounts. Rental income: <input type="checkbox"/> Copy of the most recent filed federal tax return with all schedules, including Schedule E—Supplement Income and Loss. Rental income for qualifying purposes will be 75% of the gross rent you reported reduced by the monthly debt service on the property, if applicable; or <input type="checkbox"/> If rental income is not reported on Schedule E – Supplemental Income and Loss, provide a copy of the current lease agreement with either bank statements or cancelled rent checks demonstrating receipt of rent. Investment income: <input type="checkbox"/> Copies of the two most recent investment statements or bank statements supporting receipt of this income. Alimony, child support, or separation maintenance payments as qualifying income:* <input type="checkbox"/> Copy of divorce decree, separation agreement, or other written legal agreement filed with a court, or court decree that states the amount of the alimony, child support, or separation maintenance payments and the period of time over which the payments will be received, and <input type="checkbox"/> Copies of your two most recent bank statements or other third-party documents showing receipt of payment.					
*Notice: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered for repaying this loan.					

UNIFORM BORROWER ASSISTANCE FORM	
HARDSHIP AFFIDAVIT	
I am requesting review of my current financial situation to determine whether I qualify for temporary or permanent mortgage loan relief options. Date Hardship Began is:	
I believe that my situation is: <input type="checkbox"/> Short-term (under 6 months) <input type="checkbox"/> Medium-term (6 – 12 months) <input type="checkbox"/> Long-term or Permanent Hardship (greater than 12 months)	
I am having difficulty making my monthly payment because of reason set forth below: <i>(Please check the primary reason and submit required documentation demonstrating your primary hardship)</i>	
If Your Hardship is:	Then the Required Hardship Documentation is:
<input type="checkbox"/> Unemployment	<input type="checkbox"/> No hardship documentation required
<input type="checkbox"/> Reduction in Income: a hardship that has caused a decrease in your income due to circumstances outside your control (e.g., elimination of overtime, reduction in regular working hours, a reduction in base pay)	<input type="checkbox"/> No hardship documentation required
<input type="checkbox"/> Increase in Housing Expenses: a hardship that has caused an increase in your housing expenses due to circumstances outside your control	<input type="checkbox"/> No hardship documentation required
<input type="checkbox"/> Divorce or legal separation; Separation of Borrowers unrelated by marriage, civil union or similar domestic partnership under applicable law	<input type="checkbox"/> Divorce decree signed by the court; OR <input type="checkbox"/> Separation agreement signed by the court; OR <input type="checkbox"/> Current credit report evidencing divorce, separation, or non-occupying borrower has a different address; OR <input type="checkbox"/> Recorded quitclaim deed evidencing that the non-occupying Borrower or co-Borrower has relinquished all rights to the property
<input type="checkbox"/> Death of a borrower or death of either the primary or secondary wage earner in the household	<input type="checkbox"/> Death certificate; OR <input type="checkbox"/> Obituary or newspaper article reporting the death
<input type="checkbox"/> Long-term or permanent disability; Serious illness of a borrower/co-borrower or dependent family member	<input type="checkbox"/> Proof of monthly insurance benefits or government assistance (if applicable); OR <input type="checkbox"/> Written statement or other documentation verifying disability or illness; OR <input type="checkbox"/> Doctor's certificate of illness or disability; OR <input type="checkbox"/> Medical bills None of the above shall require providing detailed medical information.
<input type="checkbox"/> Disaster (natural or man-made) adversely impacting the property or Borrower's place of employment	<input type="checkbox"/> Insurance claim; OR <input type="checkbox"/> Federal Emergency Management Agency grant or Small Business Administration loan; OR <input type="checkbox"/> Borrower or Employer property located in a federally declared disaster area
<input type="checkbox"/> Distant employment transfer / Relocation	For active duty service members: Notice of Permanent Change of Station (PCS) or actual PCS orders. For employment transfers/new employment: <input type="checkbox"/> Copy of signed offer letter or notice from employer showing transfer to a new employment location; OR <input type="checkbox"/> Pay stub from new employer; OR <input type="checkbox"/> If none of these apply, provide written explanation In addition to the above, documentation that reflects the amount of any relocation assistance provided, if applicable (not required for those with PCS orders).
<input type="checkbox"/> Business Failure	<input type="checkbox"/> Tax return from the previous year (including all schedules) AND <input type="checkbox"/> Proof of business failure supported by one of the following: <input type="checkbox"/> Bankruptcy filing for the business; OR <input type="checkbox"/> Two months recent bank statements for the business account evidencing cessation of business activity; OR <input type="checkbox"/> Most recent signed and dated quarterly or year-to-date profit and loss statement
<input type="checkbox"/> Other: a hardship that is not covered above	<input type="checkbox"/> Written explanation describing the details of the hardship and relevant documentation

Borrower/Co-Borrower Acknowledgement and Agreement

I certify, acknowledge, and agree to the following:

1. All of the information in this Borrower Assistance Form is truthful and the hardship that I have identified contributed to my need for mortgage relief.
2. The accuracy of my statements may be reviewed by the Servicer, owner or guarantor of my mortgage, their agent(s), or an authorized third party*, and I may be required to provide additional supporting documentation. I will provide all requested documents and will respond timely to all Servicer, or authorized third party*, communications.
3. Knowingly submitting false information may violate Federal and other applicable law.
4. If I have intentionally defaulted on my existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this request for mortgage relief or if I do not provide all required documentation, the Servicer may cancel any mortgage relief granted and may pursue foreclosure on my home and/or pursue any available legal remedies.
5. The Servicer is not obligated to offer me assistance based solely on the representations in this document or other documentation submitted in connection with my request.
6. I may be eligible for a trial period plan, repayment plan, or forbearance plan. If I am eligible for one of these plans, I agree that:
 - a. All the terms of this Acknowledgment and Agreement are incorporated into such plan by reference as if set forth in such plan in full.
 - b. My first timely payment under the plan will serve as acceptance of the terms set forth in the notice of the plan sent by the Servicer.
 - c. The Servicer's acceptance of any payments under the plan will not be a waiver of any acceleration of my loan or foreclosure action that has occurred and will not cure my default unless such payments are sufficient to completely cure my entire default under my loan.
 - d. Payments due under a trial period plan for a modification will contain escrow amounts. If I was not previously required to pay escrow amounts, and my trial period plan contains escrow amounts, I agree to the establishment of an escrow account and agree that any prior waiver is revoked. Payments due under a repayment plan or forbearance plan may or may not contain escrow amounts. If I was not previously required to pay escrow amounts and my repayment plan or forbearance plan contains escrow amounts, I agree to the establishment of an escrow account and agree that any prior escrow waiver is revoked.
7. A condemnation notice has not been issued for the property.
8. The Servicer or authorized third party* will obtain a current credit report on all borrowers obligated on the Note.
9. The Servicer or authorized third party* will collect and record personal information that I submit in this Borrower Response Package and during the evaluation process. This personal information may include, but is not limited to: (a) my name, address, telephone number, (b) my social security number, (c) my credit score, (d) my income, and (e) my payment history and information about my account balances and activity. I understand and consent to the Servicer or authorized third party*, as well as any investor or guarantor (such as Fannie Mae or Freddie Mac), disclosing my personal information and the terms of any relief or foreclosure alternative that I receive to the following:
 - a. Any investor, insurer, guarantor, or servicer that owns, insures, guarantees, or services my first lien or subordinate lien (if applicable) mortgage loan(s) or any companies that perform support services to them; and
 - b. The U.S. Department of Treasury, Fannie Mae and Freddie Mac, in conjunction with their responsibilities under the Making Home Affordable program, or any companies that perform support services to them.
10. I consent to being contacted concerning this request for mortgage assistance at any telephone number, including mobile telephone number, or email address I have provided to the Lender/Servicer/ or authorized third party*. By checking this box, I also consent to being contacted by ☐ text messaging.

Borrower Signature

Date

Co-Borrower Signature

Date

*An authorized third party may include, but is not limited to, a counseling agency, Housing Finance Agency (HFA) or other similar entity that is assisting me in obtaining a foreclosure prevention alternative.

Phone Number: 800-365-7107
Fax: 866-467-1184
e-Mail: loanservicing@shellpointmtg.com



Monday - Thursday: 8:00AM-10:00PM
Friday: 8:00AM-10:00PM
Saturday: 8:00AM -3:00PM

Information Sharing Authorization

At Shellpoint Mortgage Servicing, we respect our customers' privacy and protect the security and confidentiality of our customers' records and information. We also strive to make the home loss mitigation process as simple and easy as possible.

To make certain that your transaction goes smoothly, we may need to disclose certain information regarding your application to third parties you identify who are not obligated on your loan, but whose income and assets you have requested that we consider in connection with your modification request ("Third Parties"). By signing this Authorization, you authorize and instruct us to communicate to these Third Parties otherwise confidential personal information that we may obtain in evaluating your loan modification request, including, without limitation, information regarding:

- Your loan number and property address;
- The status of your modification request (*e.g.*, whether the request has been approved or denied)
- Your income and assets;
- Other information that you have provided or will provide to us in connection with the loan modification request. I

understand that I am not required to sign this Authorization.

Right to Financial Privacy Act Notice: This is notice to you as required by the Right to Financial Privacy Act of 1978 that the Department of Housing and Urban Development, the Department of Veterans Affairs, and other governmental authorities have a right of access to financial records held by financial institutions in connection with lawful proceedings, investigations, examinations, or inspections directed at a financial institution or in connection with the authority's consideration or administration of a government loan, loan guaranty, or loan insurance program. Financial records involving this transaction will be available to such authorities without further notice or authorization, but will not be disclosed or released to any other government agency or department without your consent except as required or permitted by law.

Borrower's Full Name

Signature

Residential Address

CoBorrower's Full Name

Signature

Residential Address

Social Security Number

Date of Birth

Date

Social Security Number

Date of Birth

Date

Phone Number: 800-365-7107
Fax: 866-467-1184
e-Mail: www.shellpointmtg.com



Monday - Thursday: 8:00AM-10:00PM
Friday: 8:00AM-10:00PM
Saturday: 8:00AM-3:00PM

Non-Borrower Credit Authorization Form

Shellpoint Mortgage Servicing

Mortgage Lender/Servicer Name ("Servicer")

Loan Number

The undersigned individual ("I"), authorize the above Servicer to obtain his/her personal credit profile ("Credit Report") from a national credit bureau, and to share, release, and discuss public and non-public personal information contained in or related to the mortgage loan of _____ at the following Property Address:

Borrower and CoBorrower

Property Address: _____

City, State, Zip: _____

The information obtained may include (but is not limited to) the name, address, telephone number, social security number, credit score, credit report, income, government monitoring information, loss mitigation application status, account balances, program eligibility, and payment activity. I also understand and consent to the disclosure of my personal information and the terms of any agreements under the Making Home Affordable or Hardest Hit Fund Programs by Servicer or State HFA to the U.S. Department of the Treasury or their agents in connection with their responsibilities under the Emergency Economic Stabilization Act.

I UNDERSTAND AND AGREE WITH THE TERMS OF THIS CREDIT AUTHORIZATION:

Full Name

Social Security Number

Signature

Date of Birth

Residential Address

Date

Non-Borrower Contribution Form

You must disclose information about the amount of your monthly income that is used to contribute to the payment of the expenses associated with the referenced loan.

NOTICE: In addition, when you sign and date this form, you will make important certifications, representations and agreements, including certifying that all of the information in this Non-Borrower Contribution Form is accurate and truthful.

Loan I.D. Number: _____

Relationship to Borrower(s): ☐ Spouse ☐ Roommate ☐ Boarder ☐ Other (Please Specify) _____

NON-BORROWER'S NAME

SOCIAL SECURITY NUMBER

DATE OF BIRTH

HOME PHONE NUMBER WITH AREA CODE

CELL OR WORK NUMBER WITH AREA CODE

MAILING ADDRESS

PROPERTY ADDRESS (IF SAME AS MAILING ADDRESS, JUST WRITE SAME)

EMAIL ADDRESS

MONTHLY CONTRIBUTION AMOUNT

ESTIMATED CONTRIBUTION START DATE

ESTIMATED CONTRIBUTION END DATE

Non-Borrower Acknowledgement and Agreement

1. I certify that all of the information in this Non-Borrower Contribution Form is truthful and the hardship(s) identified above has contributed to submission of this request for mortgage relief.
2. I understand and acknowledge that the Servicer, owner or guarantor of the referenced mortgage, or their agent(s) may investigate the accuracy of my statements, may require me to provide additional supporting documentation, and that knowingly submitting false information may violate Federal and other applicable law.
3. I understand the Servicer will obtain a current credit report on the Non-Borrower listed above.
4. I certify that I am willing to provide all requested documents and to respond to all Servicer communications in a timely manner. I understand that time is of the essence.
5. I understand that the Servicer will collect and record personal information that I submit in this Non-Borrower Contribution Form and during the evaluation process, including, but not limited to, my name, address, telephone number, social security number, credit score, income, payment history, and information about my account balances and activity. I understand and consent to the Servicer's disclosure of my personal information and the terms of any relief or foreclosure alternative that I receive to any investor, insurer, guarantor, or servicer that owns, insures, guarantees, or services this first lien or subordinate lien (if applicable) mortgage loan(s) or to any HUD-certified housing counselor.
6. I consent to being contacted concerning this request for mortgage assistance at any cellular or mobile telephone number I have provided to the Lender. This includes text messages and telephone calls to my cellular or mobile telephone.

Non-Borrower Signature

Date

HELP FOR AMERICA'S HOMEOWNERS



Dodd-Frank Certification

The following information is requested by the federal government in accordance with the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203). **You are required to furnish this information.** The law provides that no person shall be eligible to begin receiving assistance from the Making Home Affordable Program, authorized under the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5201 *et seq.*), or any other mortgage assistance program authorized or funded by that Act, if such person, in connection with a mortgage or real estate transaction, has been convicted, within the last 10 years, of any one of the following: (A) felony larceny, theft, fraud, or forgery, (B) money laundering or (C) tax evasion.

I/we certify under penalty of perjury that I/we have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction:

- (a) felony larceny, theft, fraud, or forgery,
- (b) money laundering or
- (c) tax evasion.

I/we understand that the servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements by performing routine background checks, including automated searches of federal, state and county databases, to confirm that I/we have not been convicted of such crimes. I/we also understand that knowingly submitting false information may violate Federal law.

This Certificate is effective on the earlier of the date listed below or the date received by your servicer.

▶ _____ Borrower Signature	_____ Social Security Number	_____ Date of Birth	_____ Date
▶ _____ Co-Borrower Signature	_____ Social Security Number	_____ Date of Birth	_____ Date

Home Affordable Modification Program Government Monitoring Data Form

Information for Government Monitoring Purposes

The following information is requested by the federal government in order to monitor compliance with federal statutes that prohibit discrimination in housing. **You are not required to furnish this information, but are encouraged to do so. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it.** If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, the lender or servicer is required to note the information on the basis of visual observation or surname if you have made this request for a loan modification in person. If you do not wish to furnish the information, please check the box below.

BORROWER		CO-BORROWER		
<input type="checkbox"/> I do not wish to furnish this information		<input type="checkbox"/> I do not wish to furnish this information		
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male		Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male		
To be completed by Servicers			Name/Address of Interviewer's Employer	
This request was taken by: <input type="checkbox"/> Face-to-face interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet		Servicer/Interviewer's Name (print or type) & ID Number		
		Servicer/Interviewer's Signature		
		Servicer/Interviewer's Phone Number (include area code)		
Loan Number: _____		Servicer/Interviewer's Fax Number (include area code)		Servicer/Interviewer's email address



Monthly Expense Tracking

Name: _____ Loan Number: _____

Electricity	\$ _____	Child Support	\$ _____
Gas/Oil	\$ _____	Alimony	\$ _____
Water/Sewer	\$ _____	Child Care	\$ _____
Telephone/Cell Phone	\$ _____	Tuition/Books	\$ _____
Food	\$ _____	Car Maintenance	\$ _____
Cable/Internet	\$ _____	Auto Insurance	\$ _____
Tithes/Charity	\$ _____	Life Insurance	\$ _____
Medical/Dental	\$ _____	Home Maintenance	\$ _____
Clothing/Dry-Cleaning	\$ _____	Other Household	\$ _____

Making Home Affordable Program Non-Owner Occupant Certification



You are the occupant of a property that is being sold or transferred in conjunction with the U.S. Department of the Treasury's Home Affordable Foreclosure Alternative (HAFA) Program. Because you will be required to vacate the property as a condition of the sale or transfer, you may be eligible to receive \$3,000 in relocation assistance. If you wish to be considered for this assistance, you must complete and sign this form and return it to the owner of the property (Owner).

OCCUPANT INFORMATION

OCCUPANT'S NAME	CO-OCCUPANT'S NAME
-----------------	--------------------

PROPERTY ADDRESS (include city, state and zip)

I certify that I currently occupy the property described above (the Property) as a principal residence and, to the best of my knowledge, I am required to vacate the Property as a condition of the pending sale or transfer.

DODD-FRANK CERTIFICATION

The following information is requested by the federal government in accordance with the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203). You are required to furnish this information. The law provides that no person shall be eligible to begin receiving assistance from the Making Home Affordable Program (MHA), authorized under the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5201 et seq.), or any other mortgage assistance program authorized or funded by that Act, if such person, in connection with a mortgage or real estate transaction, has been convicted, within the last 10 years, of any one of the following: (A) felony larceny, theft, fraud, or forgery, (B) money laundering or (C) tax evasion.

I certify that I have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction:

- (a) felony larceny, theft, fraud, or forgery,
- (b) money laundering or
- (c) tax evasion.

I understand that the servicer of the mortgage loan secured by the Property (the Servicer), the U.S. Department of the Treasury (Treasury), or their respective agents may investigate the accuracy of my statements by performing routine background checks, including automated searches of federal, state and county databases, to confirm that I have not been convicted of such crimes. I also understand that knowingly submitting false information may violate Federal law. This certification is effective on the earlier of the date listed below or the date this form is received by the Servicer.

ACKNOWLEDGEMENT AND AGREEMENT

1. I authorize and give permission to the Servicer, Treasury, and their respective agents, to assemble and use a current consumer report to investigate my eligibility for HAFA relocation assistance, the accuracy of my statements and any documentation that I may provide in connection with requesting HAFA relocation assistance. I understand that these consumer reports may include, without limitation, a credit report, and be assembled and used at any point to assess my eligibility.
2. I understand that if I have engaged in fraud or if it is determined that any of my statements or any information contained in the documentation that I provide are materially false and that I was ineligible for relocation assistance under HAFA, the Servicer, Treasury, or their respective agents may seek remedies available at law and in equity, such as recouping any assistance I previously received.
3. I understand that the Servicer will collect and record personal information that I submit, including, but not limited to, my name, address, social security number and date of birth. I understand and consent to the Servicer's disclosure of my personal information and the terms of any assistance I may receive under MHA to Treasury and its agents, Fannie Mae and Freddie Mac in connection with their responsibilities under MHA, companies that perform support services in conjunction with MHA, any investor, insurer, guarantor, or servicer that owns, insures, guarantees, or services the mortgage loan(s) secured by the Property, and to any HUD-certified housing counselor assisting Owner.
4. I understand that the Owner may, but is not required to, request relocation assistance on my behalf. I authorize the Owner to submit this Certification to the Servicer in connection with any such request, along with any other documentation that the Servicer may require, and I authorize the Servicer to disclose to the Owner the results of any inquiry completed in conjunction with said Certifications and documentation.

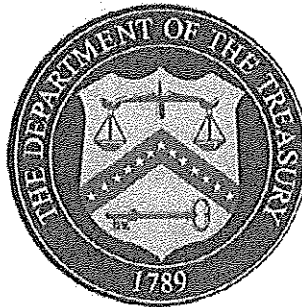
The undersigned certifies under penalty of perjury that all statements in this document are true and correct.

Occupant Signature	Social Security Number	Date of Birth	Date
Co-Occupant Signature	Social Security Number	Date of Birth	Date

NOTICE TO OCCUPANTS

Be advised that by signing this document you understand that any documents and information you submit in connection with the Making Home Affordable Program are under penalty of perjury. Any misstatement of material fact made in the completion of these documents including but not limited to misstatement regarding your occupancy in the Property, will subject you to potential criminal investigation and prosecution for the following crimes: perjury, false statements, mail fraud, and wire fraud. The information contained in these documents is subject to examination and verification. Any potential misrepresentation will be referred to the appropriate law enforcement authority for investigation and prosecution. By signing this document you certify, represent and agree that: "Under penalty of perjury, all documents and information I have provided in connection with the Making Home Affordable Program, including the documents and information regarding my eligibility for relocation assistance under HAFA, are true and correct."

If you are aware of fraud, waste, abuse, mismanagement or misrepresentations affiliated with the Troubled Asset Relief Program, please contact the SIGTARP Hotline by calling 1-877-SIG-2009 (toll-free), 202-622-4559 (fax), or www.sigtar.gov and provide them with your name, the Owner's name, the property address and reason for escalation. Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.





P.O. Box 10826
Greenville, SC 29601-0826

Phone Number: 800-365-7107
Fax: 866-467-1184
e-Mail: LoanServicing@ShellpointMtg.com

Monday - Thursday: 8am-9pm EST
Friday: 8am-9pm EST
Saturday: 10am-2pm EST

* ACH Draft Authorization *

Dear Borrower:

Shellpoint Mortgage Servicing is pleased to offer a free automatic payment option. Your monthly payments can now be automatically drafted from your checking or savings account each month on the date you choose. Proof of payment will appear on your bank statement.

The authority you give Shellpoint to charge the payment to your checking or savings account will remain in effect until you notify us in writing to cancel the authorization.

To take advantage of this service, complete the form below, attach your voided check and return it to our office using the above contact information.

Si usted no entiende el contenido de esta carta, por favor contacte a uno de nuestros representantes que hablan español al número 800-365-7107.

Sincerely,
Shellpoint Mortgage Servicing

* Your Monthly Payment Amount may vary due to Interest Rate and/or Escrow changes, if applicable. You will be notified of any change in monthly escrow payments.



AUTOMATIC PAYMENT ENROLLMENT FORM

Borrower/Payment Information (please update any incorrect information listed below)

Loan Number: _____

Borrower 1: _____

Borrower 2: _____

Mailing Address: _____

Date to Start Drafting Payment: ____/____/____

Day of the month that the monthly draft should occur (must be between the 1st and 28th): _____

Current Monthly Payment Amount*:

Additional Draft Amount**:

+

Total Monthly Draft Amount***: _____

* Your Monthly Payment Amount may vary due to Interest Rate and/or Escrow changes, if applicable. You will be notified of any change in monthly escrow payments.

** Funds drafted in excess of my regular payment amount will first be used to satisfy amounts that are past due. If no amounts are past due, then excess funds will be posted to reduce my principal balance.

*** This payment will appear on your bank statement as an entry initiated by Shellpoint's vendor, RCap Services.

Banking Information

ABA Transit Number: _____ Bank Account Number: _____

Please indicate account type: ☐ CHECKING or SAVINGS

Bank Name: _____

Authorization to Begin Automated Payment Option

I authorize RCap Services on behalf of Shellpoint to debit my account each month. I understand that if the drafting day should fall on a non-business day, the draft will take place on the next business day. In order to cancel the draft, I must make a request in writing to Shellpoint 20 days in advance of the scheduled drafting date. Insufficient funds ("NSF") charges will apply to my account if the funds are not available at the time of debit.

If my regularly scheduled draft is returned, a second draft may be attempted. In the event three of my scheduled drafts are returned, the Automated Payment Option will be terminated. Each NSF transaction will result in an NSF fee.

I acknowledge that I have read, understand, and agree to the terms set forth for the Automated Payment

Signature: _____

Borrower 1

Signature: _____

Borrower 2

(Both signatures required if Joint account.)

RETAIN A COPY OF THIS FORM FOR YOUR RECORDS.

Attach a voided check to this form.



Please read the following important notices as they may affect your rights.

This is an attempt to collect a debt and any information obtained will be used for that purpose. This communication is from a debt collector.

If this debt was discharged in a bankruptcy without a valid reaffirmation, please understand that Shellpoint is not attempting to collect the debt from you personally, but is rather seeking to protect the creditor's right in the associated collateral. Please disregard any contrary provisions contained in this letter and interpret this communication accordingly.

California

As required by law, you are hereby notified that a negative credit bureau report reflecting on your credit record may be submitted to a credit reporting agency if you fail to fulfill your credit obligation.

The state Rosenthal Fair Debt Collection Practices Act and the federal Fair Debt Collection Practices Act require that, except under unusual circumstances, collectors may not contact you before 8 a.m. or after 9 p.m. They may not harass you by using threats of violence or arrest or by using obscene language. Collectors may not use false or misleading statements or call you at work if they know or have reason to know that you may not receive personal calls at work. For the most part, collectors may not tell another person, other than your attorney or spouse, about your debt. Collectors may contact another person to confirm your location or enforce a judgment. For more information about debt collection activities, you may contact the Federal Trade Commission at 1-877-FTC-HELP or www.ftc.gov.

Colorado

"FOR INFORMATION ABOUT THE COLORADO FAIR DEBT COLLECTION PRACTICES ACT, SEE WWW.COLORADOATTORNEYGENERAL.GOV/CA.

A consumer has the right to request in writing that a debt collector or collection agency cease further communication with the consumer. A written request to cease communication will not prohibit the debt collector or collection agency from taking any other action authorized by law to collect the debt.

Colorado office: 1776 S. Jackson Street, Suite 900, Denver, CO 80210. Telephone (720) 287-8681.

Massachusetts

You have the right to make a written or oral request that telephone calls regarding your debt not be made to you at your place of employment. Any such oral request will be valid for only ten (10) days unless you provide written confirmation of the request postmarked or delivered within seven (7) days of such request.

You may terminate this request by writing to the collection agency.

Local address is 5230 Washington Street, West Roxbury, Mass 02132

Office hours are Mon-Thurs 10 a.m. to 3 p.m."

Minnesota

This collection agency is licensed by the Minnesota Department of Commerce.

New York City

New York City Consumer Affairs license number 1471002

North Carolina

Our address and The North Carolina Department of Insurance Permit Numbers for our offices are as follows: 55 Beattie Place, Suite 600, Greenville, South Carolina 29601 - Permit Number 11870.

Tennessee

This collection agency is licensed by the collection service board, State Department of Commerce and Insurance, 500 James Robertson Parkway, Nashville, Tennessee 1540.

Utah

As required by Utah law, you are hereby notified that a negative credit report reflecting on your credit record may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligations.

Attention Service members and Dependents: The federal Service members Civil Relief Act and certain state laws provide important protections for you, including prohibiting foreclosure under most circumstances during and nine months after the service member's military or other service.

The following is a Spanish translation of the information previously provided:



Lea por favor las siguientes avisos importantes que puedan afectar sus derechos.

El objeto de la presente notificación es gestionar el cobro de la deuda, y toda información obtenida será utilizada a tal fin. La presente comunicación proviene de un agente de cobro de deudas.



Si esta deuda no fue liberada en una quiebra sin una reafirmación válida, entienda que Shellpoint no busca cobrar la deuda de usted personalmente, sino que busca proteger los derechos del acreedor en la garantía asociada. Haga caso omiso de las disposiciones contradictorias que se encuentran en esta carta e interprete esta comunicación en consecuencia.

California

Como es requerido por la ley usted esta siendo notificado por este medio que un reporte de crédito negativo afectando su reporte de crédito puede ser remitido a una agencia de reporte de créditos, si usted no puede satisfacer los términos de su obligación.

El acto estatal de Rosenthal Fair Debt Collection Practices, y el acto federal de Fair Debt Collection Practices requieren que, a menos de circunstancias inusuales, los cobradores no podrán contactarlo antes de las 8 a.m. o después de las 9 p.m. Ellos no lo podrán acosar usando amenazas violentas o arrestarlo o usar un lenguaje ofensivo. Los cobradores no podrán usar declaraciones falsas o engañosas o llamarlo a su trabajo si ellos saben o tienen razón para saber que usted no puede recibir llamadas personales en su trabajo. En general, cobradores no le podrán decir a otra persona, aparte de su abogado o su esposa, acerca de su deuda. Los cobradores se podrán comunicar con otras personas para poder comunicarse con usted, y para entablar un juicio. Para más información sobre las actividades de colección de deuda, usted puede contactar Federal Trade Commission al 1-877-FTC-HELP o www.ftc.gov.

Colorado

PARA INFORMACIÓN SOBRE LA LEY DE PRÁCTICAS JUSTAS DE COBRO DE DEUDAS DE COLORADO, CONSULTE WWW.COLORADOATTORNEYGENERAL.GOV/CA.

Un consumidor tiene derecho a solicitar por escrito que un cobrador de deudas o agencia de cobranza deje de comunicarse con el consumidor. Una solicitud por escrito para cesar la comunicación no impedirá que el cobrador de deudas o agencia de cobranza tome cualquier otra medida autorizada por la ley para cobrar la deuda.

Oficina de Colorado: 1776 S. Jackson Street, Suite 900, Denver, CO 80210. Teléfono (303) 753-0945

Massachusetts

Usted tiene derecho a hacer una solicitud por escrito u oral para que las llamadas telefónicas relacionadas con su deuda no se hagan a su lugar de trabajo. Cualquier solicitud oral tendrá una vigencia de sólo diez días a menos que proporcione una confirmación por escrito de la solicitud fechada por el correo o entregada dentro de un lapso de siete días a partir de dicha solicitud. Usted puede cancelar esta solicitud por escrito al cobrador de deudas.

La dirección local es 5230 Washington Street, West Roxbury, Mass 02132. El horario de oficina es de lunes a jueves de 10 a.m. a 3 p.m.

Minnesota

Esta agencia de cobranza está autorizada por el Departamento de Comercio de Minnesota.

New York City

Número de licencia 1471002 de Asuntos del Consumidor de la Ciudad de Nueva York.

North Carolina

Nuestra dirección y los números de permiso del Departamento de Seguros de Carolina del Norte son los siguientes: 55 Beattie Place, Suite 600, Greenville, South Carolina 29601 – Número de permiso 11870.

Tennessee

Esta agencia de cobranza está autorizada por la junta de servicio de cobranza, el Departamento de Comercio y Seguros del Estado, 500 James Robertson Parkway, Nashville, Tennessee 1540.

Utah

Como lo requiere la ley de Utah, por medio de la presente, se le notifica que un informe de crédito negativo que se refleja en su historial de crédito puede ser enviado a una agencia de informes de crédito si usted no cumple con los términos de sus obligaciones de crédito.

Atención militares y sus dependientes: La Ley Federal De Amparo Civil Para Militares y algunas leyes estatales les proporcionan protecciones importantes, las cuales en la mayoría de las circunstancias incluyen la prohibición de los juicios hipotecarios durante y nueve meses después de su tiempo de servicio activo militar u otro servicio.